Iowa Department of Human Services

REQUEST AND AFFIDAVIT TO SATISFY DELINQUENT CHILD SUPPORT – ATTACHMENT A

☐ (If Obligee Only)

This affidavit serves as my request for satisfaction. I understand that any unpaid support satisfied through this process is considered permanently paid. This is true even if the court later reinstates the suspended order under which it accrued.

	AFFIDAVIT OF SATISFACTION
STATE OF IOWA)
COUNTY OF) SS)
I, ,	state the following is true and correct:
	_, was entitled to receive support in this matter for the child(ren) named in
	le for satisfaction and are further identified in Attachment A:
Court Order Number	
3. I have been advised of my right to have acknowledge that the attorney for the state	egal counsel of my choice and to consult my own attorney at my own expense. I also s NOT acting as my counsel in this matter.
4. I choose the following: (mark only one)	
☐ I forever waive, release, and satisf \$ (I acknowledge	any and all of the support obligation owed to me personally in this matter. any and all of the support obligation owed to me personally in this matter except for that the Unit provided me with the amount of support arrearages owed to me on the nd that I have been informed that the arrearages balance can change daily.)
	n which is satisfied upon entry of the order confirming the satisfaction is permanently gardless of whether the reason for suspending the order continues and regardless of under Iowa Code section 252B.20.
6. I approve this affidavit and request that further notice prior to the court entering an	n order confirming it be entered by the court. I freely and voluntarily waive any order confirming the satisfaction.
7. I do not object to any other party in this	matter satisfying arrearage monies due to them personally.
due to them personally, you must immed	n this affidavit or if you want to object to other persons satisfying the support ately notify the court and the Unit of your objections in writing. If you don't onfirm the satisfactions of other persons without further notice to you.
Signed this day of	in the year
Signature of	
Subscribed and Sworn to before me this	day of in the year
Notary Public in and for the State of Iowa Commission expires:	
	Date:
Attorney for	-ti1)

Iowa Department of Human Services

REQUEST AND AFFIDAVIT TO SATISFY DELINQUENT CHILD SUPPORT – ATTACHMENT A

☐ (If Obligee and Assignee on same case)

This affidavit serves as our request for satisfaction. We understand that any unpaid child support satisfied through this process is considered paid. This is true even if the court later reinstates the suspended order under which it accrued.

AFFIDAVIT OF SATISFACTION

STATE OF IOWA)		
COUNTY OF) SS)		
We,	_ and	, state the following is true and correct:	
1. I,Attachment A and I,named in Attachment A.	, was entitled to receive support in this matter for the child(ren) named in, was entitled to receive support in this matter for the child(ren)		
2. The following court orders may be elig	gible for satisfaction	and are further identified in Attachment A:	
Court Order Number:			
		counsel of our choice and to consult our own attorney(s) at our own is NOT acting as our counsel in this matter.	
	-	is 1001 acting as our counsel in this matter.	
4. We choose the following: (mark only			
□ I,	, and I,	, forever waive, release, and satisfy	
any and all of the support obligation owe	d to us personally in	this matter.	
any and all of the support obligation owe	d to us personally in	forever waive, release, and satisfy this matter except for \$ (We acknowledge	
that the Unit provided us with the amount	t of support arrearag	es owed to us on the above order(s) as of and that we	
have been informed that the arrearages ba	nance can change da	ury.)	
	whether the reason	sfied upon entry of the satisfaction order is permanently and forever for suspending the order continues and regardless of whether the B.20.	
6. We approve the affidavit and agree that any further notice prior to entry of the order.		ng it should be entered by the court. We freely and voluntarily waive irming the satisfaction.	
Signed this day of	•	Signed this day of	
in the year		in the year	
Signature of		Signature of	
Subscribed and Sworn to before me this _		Subscribed and Sworn to before me this	
day of in the year		day of in the year	
Notary Public in and for the State of		Notary Public in and for the State of	
Commission Expires:		Commission Expires:	
Attorney for		Attorney for	
(Optional)		(Optional)	

Iowa Department of Human Services

REQUEST AND AFFIDAVIT TO SATISFY DELINQUENT CHILD SUPPORT – ATTACHMENT A

The following court order(s) may be eligible for satisfaction:

1)	:		
Iowa County	Date Filed	Child(ren) Affected by Order	Obligor in Order
2)	:		
Iowa County	Date Filed	Child(ren) Affected by Order	Obligor in Order
			
3)	:		
Iowa County	Date Filed	Child(ren) Affected by Order	Obligor in Order
	<u> </u>		
4)	:		
Iowa County	Date Filed	Child(ren) Affected by Order	Obligor in Order
5)	:		
Iowa County	Date Filed	Child(ren) Affected by Order	Obligor in Order
	_		